Government of Saskatchewan

Saskatchewan

Health

Drug Plan and Extended Benefits Branch

Annual Report

2010-11

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Drug Plan & Extended Benefits Branch

MISSION STATEMENT

Drug Plan and Extended Benefits Branch provides benefits to the eligible Saskatchewan population by:

- **promoting rational and appropriate use of drug therapies and extended benefits;**
- **ensuring the long term viability of benefits provided by pursuing better value strategies such as low cost alternative policies, product listing agreements, standing offer contracts and maximum allowable cost policies;**
- **promoting citizen-centred service through the provision of drug plan and extended health benefits to eligible residents; and,**
- **providing information to the public and various stakeholders regarding policies, benefit assessment and program utilization.**

The following kinds of activities contribute to achieving the Mission:

- leading policy development on Drug Plan, SAIL, Supplementary Health and Family Health Benefits related issues;
- providing ongoing policy development related to the Pharmaceutical Information Program (PIP) including stakeholder engagement and electronic health record integration;
- providing Drug Plan benefits to the eligible Saskatchewan population;
- providing non-insured health benefits to residents nominated for Supplementary Health benefits by the Ministry of Social Services, and for residents receiving Family Health Benefits;
- providing Saskatchewan Aids to Independent Living (SAIL) Program benefits to eligible residents;
- determining, on behalf of health regions, income-tested resident charges for residents of Special Care Homes;
- providing case management services in appropriate areas;
- establishing and managing the Saskatchewan Formulary, which is used by health professionals, third party payers, drug wholesalers and manufacturers;
- improving program delivery and accountability to the public and the Legislature through trends analysis and annual reports;
- providing funds for various initiatives that encourage appropriate use of drugs, e.g. RxFiles Academic Detailing Program;
- actively engaging in evidence-based national drug initiatives including the Common Drug Review, pan-Canadian Oncology Drug Review and the National Drug Evaluation Program for Rare Diseases;
- co-leading the Western Pricing and Purchasing Collaborative and actively engaging in initiatives related to the New West Partnership and the Pan-Canadian Purchasing Alliance.

Highlights for 2010-11

- **Drug claims processed for Formulary and Exception Drug Status drugs:**
  - processed 11.3 million prescriptions from April 1/10 to March 31/11.
  - provided benefits in the amount of $297.9 million.
  - total average cost per prescription was $46.71 (includes drug acquisition, mark-up, dispensing fee and compounding fee).
- One in every two families that received a prescription received a financial benefit.
- Tendering of certain high volume interchangeable drug groups helped to keep Formulary drug prices low. Estimated savings for Saskatchewan residents and the Drug Plan in 2010-11 were approximately $17.4 million.
- **The Seniors' Drug Plan:**
  - helped 121,507 seniors by providing benefits in the amount of $104.6 million.
  - assisted, on average with 74.6% of the total prescription costs.
- **The Special Support Program:**
  - helped 99,309 individuals by providing benefits in the amount of $113.7 million.
  - assisted, on average with 72.4% of the total prescription costs.
- **The Children's Drug Plan:**
  - helped 62,475 children by providing benefits in the amount of $5.9M.
  - assisted, on average with 67.0% of the total prescription costs.
- **The Saskatchewan Assistance Plan:**
  - helped 43,580 individuals by providing benefits in the amount of $37.9 million.
  - assisted on average with 98.3% of the total prescription costs.
- **Palliative Care Program:**
  - terminally ill patients covered under the Palliative Care Program received 105,610 prescriptions at no charge.
  - the Drug Plan payment for Palliative Care totalled $5.6 million.

Program Objectives and Supporting Information

Objective 1 - Provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness

- The Drug Plan establishes the Saskatchewan Formulary which is an approved list of quality pharmaceutical products of proven therapeutic effectiveness. The process for review and approval of Formulary Drugs can be found on the Formulary website http://formulary.drugplan.health.gov.sk.ca. Drugs listed in the Formulary are available to all Saskatchewan residents at the agreed price negotiated with suppliers.

Objective 2 - Reduce the direct cost of prescription drugs for Saskatchewan residents

- The Drug Plan provides a number of coverage programs based on financial need, medical condition and other criteria. The coverage programs specifically target the young, seniors and those households with high drug costs relative to their incomes. Programs also recognize the high drug costs associated with certain diseases and conditions. In 2010-11, the Drug Plan paid 57% of the $525.8 million of eligible drug costs. The programs are detailed in the following pages.

Table 1 Types of Drug Plan Coverage

April 2010 - March 2011

	2007-08	2008-09	2009-10	2010-11
Saskatchewan Assistance Plan				
Actual Beneficiaries	40,699	38,986	40,966	43,580
Total Drug Benefits Paid (Millions)	$30.6	$31.7	$34.5	$37.9
Number of Prescriptions	719,975	722,069	749,573	814,541
Special Beneficiaries				
Actual Beneficiaries*	6,296	5,745	17,679	5,500
Total Drug Benefits Paid (Millions)	$17.8	$18.4	$19.2	$19.2
Number of Prescriptions	150,810	151,958	168,625	158,987
Palliative Care				
Actual Beneficiaries	2,751	2,805	2,821	2,982
Total Drug Benefits Paid (Millions)	$4.5	$4.8	$5.1	$5.6
Number of Prescriptions	98,421	98,990	101,684	105,610
Special Support				
Actual Beneficiaries	107,596	101,022	98,403	99,309
Total Drug Benefits Paid (Millions)	$114.6	$106.2	$108.3	$113.7
Number of Prescriptions	3,550,227	3,282,818	3,151,655	3,273,998
Income Supplement				
Actual Beneficiaries	17,552	15,322	15,544	14,764
Total Drug Benefits Paid (Millions)	$4.3	$3.1	$3.1	$3.1
Number of Prescriptions	337,471	296,177	285,822	276,423
Family Health Benefits				
Actual Beneficiaries	29,531	26,856	25,613	24,915
Total Drug Benefits Paid (Millions)	$3.8	$3.8	$3.9	$4.2
Number of Prescriptions	184,719	167,068	158,806	154,859
Emergency Assistance				
Actual Beneficiaries	454	467	374	344
Total Drug Benefits Paid (Millions)	$0.1	$0.1	$0.1	$0.1
Number of Prescriptions	1,292	1,215	995	1,045
Seniors' Drug Plan				
Actual Beneficiaries	118,612	123,245	120,000	121,507
Total Drug Benefits Paid (Millions)	$67.6	$94.6	$107.2	$104.6
Number of Prescriptions	1,609,698	2,147,404	2,323,131	2,376,960
Children's Drug Plan				
Actual Beneficiaries		40,789	54,897	62,475
Total Drug Benefits Paid (Millions)		$3.1	$5.1	$5.9
Number of Prescriptions		108,678	166,820	193,987
Other**				
Actual Beneficiaries	14,734	15,684	20,941	30,373
Total Drug Benefits Paid (Millions)	$2.1	$2.3	$3.1	$3.7
Number of Prescriptions	3,470,581	3,506,590	3,751,403	3,900,200

Actual Beneficiaries are the number of total beneficiaries who received part or all of their drug cost paid by the Drug Plan.
Note: Beneficiaries may appear in more than one category if they had prescriptions paid under more than one coverage.
Seniors' Drug Plan came into effect July 1, 2007 where Saskatchewan residents 65 years and older automatically became covered under the Seniors' Drug Plan. In July 2008, the amended Seniors' Drug Plan took effect where seniors were covered under the Seniors Drug Plan if they were eligible for the federal age credit.
The Children's Drug Plan took effect July 1, 2008.

* Number of Actual Beneficiaries in 2009-10 are higher due to the dispensing of the Tamiflu drug on a one-time basis.

** Includes special fees, standard beneficiaries, special support (100% co-pay), Saskatchewan workers.

Types of Drug Plan Coverage

1. *Saskatchewan Assistance Plan*

Residents receiving benefits through the Saskatchewan Assistance Plan (SAP) are entitled to Drug Plan benefits at a reduced charge, or at no charge depending on their level of coverage. Deductibles are waived for these beneficiaries.

a. *Plan One*

Plan One beneficiaries 18 years or older are entitled to receive insulin, oral hypoglycemics, injectable vitamin B12, allergenic extracts, oral contraceptives and some products used in megavitamin therapy at no charge. These beneficiaries pay a reduced charge, to a maximum of $2.00, for all Formulary and approved Exception Drug Status drugs.

Dependents under 18 years of age are entitled to receive the above benefits at no charge.

b. *Plan Two*

Beneficiaries receiving Plan Two coverage are entitled to receive the same benefits as Plan One patients, but at no charge.

Plan One beneficiaries requiring several Formulary drugs on a regular basis can be considered for "Plan Two" drug coverage. Plan Two drug coverage may be initiated by contacting the Drug Plan. The request can be made by the patient or a health professional (e.g. physician, social worker).

c. *Plan Three*

Plan Three beneficiaries are entitled to receive all Formulary drugs and certain physician prescribed over-the-counter drugs at no charge.

Plan Three beneficiaries are residents receiving supplementary assistance who live in Special-Care homes licensed under *The Housing and Special-Care Homes Act*, Approved Homes licensed under *The Mental Health Act*, wards of the province and inmates of provincial correctional institutions.

2. *Special Beneficiaries*

Special Beneficiaries include persons approved for coverage under the paraplegic program, cystic fibrosis program, chronic end-stage renal disease program, and users of certain no-charge high cost drugs, depending on their coverage. These beneficiaries may be entitled to receive certain physician prescribed over-the-counter drugs, Exception Drug Status drugs, or all prescribed Formulary drugs at no charge under the Drug Plan.

3. *Palliative Care*

Persons in late stages of terminal illness are entitled to receive at no cost:

- regular Formulary drugs;
- Exception Drug Status drugs where prior approval has been granted;
- most laxatives.

4. ***Income-Based Program - Special Support***

   The Special Support program helps those families whose drug costs are high in relation to their income. If the annual drug costs exceed 3.4% of the family adjusted income (income after adjusting for the number of dependents), the family is eligible for Special Support benefits. Residents must apply for the Special Support Program, as the Drug Plan does not have access to the required income information. If a family is eligible for Special Support, the family and the Drug Plan share the prescription cost. The family co-payment is calculated using drug costs and adjusted family income. The introduction of the Seniors' Drug Plan reduced the number of prescriptions covered under Special Support.

5. ***Income Supplement Recipients***

   Single seniors and senior families receiving the Seniors' Income Plan (SIP) or receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home have a $100 semi-annual deductible. Other single seniors and senior families receiving GIS have a $200 semi-annual deductible. The number of people receiving these supplements and benefiting from the deductible continues to decline as more people qualify for the enhanced coverage under other programs (Special Support and the Seniors' Drug Plan).

6. ***Family Health Benefit Program***

   Families are eligible for the Family Health Benefits Program if they meet the standards of an income test administered by the Canada Revenue Agency, or are in receipt of benefits from Saskatchewan Employment Supplement (SES) or the Saskatchewan Rental Housing Supplement (SRHS).

   Comprehensive Supplementary Health Benefits are available to children under the age of 18 who qualify (dental, optical, Formulary drugs, medical supplies and appliances and ambulance services).

   Partial benefits are available for adults in qualifying families (eye examinations, chiropractic payments, $100 semi-annual Family Drug Plan deductible with a 35% consumer co-payment thereafter).

7. ***Emergency Assistance Program***

   Residents requiring immediate treatment with benefit prescription drugs and unable to pay their share of the cost, may access a one-time emergency assistance. The level of assistance provided will be in accordance with their ability to pay. They are then required to submit a completed "special support application" to the Drug Plan in order to receive future assistance.

   Emergency assistance may only be requested by a pharmacist on the resident's behalf.

8. *Seniors' Drug Plan*

Under the Seniors' Drug Plan, eligible seniors 65 years and older pay $15 per prescription for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. You must apply for coverage under this program.

Eligible seniors already receiving other Drug Plan coverage that provides prescriptions at less than $15 will continue to pay the lower amount.

9. *Children's Drug Plan*

The Children's Drug Plan is available to all Saskatchewan children 14 and under. The Children's Drug Plan will ensure families pay only $15 for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. No application is needed for the Children's Drug Plan, as children 14 and under are automatically eligible for coverage.

Children already receiving other Drug Plan coverage that provides prescriptions for less than $15 will continue to pay the lower amount.

2010-11 Utilization Trends

Table 2 Total Beneficiary and Drug Plan Payments

	Discrete Beneficiaries	Actual Beneficiaries	Number of Prescriptions	Total Approved Prescription Cost	Total Drug Plan Payment
2001-02	614,495	190,033	7,979,826	$261,413,126	$114,865,694
2002-03	607,336	185,383	8,350,855	$297,844,480	$132,274,241
2003-04	609,792	174,362	8,641,855	$327,787,913	$149,163,934
2004-05	611,116	181,694	8,919,090	$346,752,834	$164,410,108
2005-06	622,498	192,278	9,364,871	$375,304,926	$181,288,493
2006-07	615,422	198,633	9,626,629	$402,322,418	$198,843,985
2007-08	626,875	248,558	10,123,194	$435,191,159	$245,366,836
2008-09	631,941	271,687	10,482,967	$470,209,636	$268,047,354
2009-10	645,615	300,476	10,858,514	$510,324,389	$289,720,147
2010-11	659,121	307,720	11,256,610	$525,812,379	$297,920,254

Trend information shows that the number of discrete beneficiaries has increased slightly, while the number of prescriptions and total approved prescription cost is increasing at a significantly higher rate.

Table 3 Distribution of Prescription Drug Plan Costs

April 2010 - March 2011

Payments on behalf of families (all programs combined)	**(000s)**
Drug Material Acquisition Cost	$391,006
Mark-up	$34,669
Dispensing Fee	$99,275
Compounding Portion of Mark-up	$862
Total Approved Prescription Cost	***$525,812***
Less: Consumer Payments	($227,892)
Total Prescription Drug Plan Payments [1]	***$297,920***
Third Party payments/manual adjustments [2]	($538)
Net Payments by MIDAS System [3]	**$297,382**

1 Drug Plan payments refer to formulary drugs and exception status drugs.

2 Third Party payments/Manual adjustments include refunds to vote, year-end adjustments made in accordance with accounting policies and payments outside the online system such as payments to the RHA's.

3 MIDAS is a central financial system.

Table 4 Prescription Drug Utilization Trend by Age of Discrete Beneficiary

April 1, 2010 - March 31, 2011

Age of Beneficiary	2009-10	2010-11	% increase (decrease) 09-10 to 10-11
Average Number of Prescriptions Per Discrete Beneficiary			
0 - 4	3.3	3.4	0.0%
5 - 14	4.1	4.1	0.0%
15 - 24	5.8	6.0	4.0%
25 - 34	7.4	7.5	0.0%
35 - 44	10.1	10.3	0.0%
45 - 54	15.0	15.2	1.3%
55 - 64	22.3	22.5	1.0%
65 - 74	32.2	32.7	1.6%
75 - 84	40.3	41.1	2.0%
85 and over	45.0	46.3	2.8%
Total	**16.8**	**17.1**	**1.7%**
Average Prescription Cost [1]			
0 - 4	$23.66	$24.87	5.1%
5 - 14	$50.51	$51.96	2.9%
15 - 24	$43.42	$45.74	5.4%
25 - 34	$48.04	$50.68	5.5%
35 - 44	$54.26	$55.18	1.7%
45 - 54	$53.51	$53.14	(0.7%)
55 - 64	$49.56	$49.14	(0.8%)
65 - 74	$47.69	$46.66	(2.2%)
75 - 84	$43.32	$42.32	(2.3%)
85 and over	$37.04	$36.27	(2.1%)
Total	**$47.00**	**$46.71**	(0.6%)
Total Cost of Prescriptions Per Discrete Beneficiary			
0 - 4	$77.11	$83.85	8.7%
5 - 14	$204.91	$213.14	4.0%
15 - 24	$253.17	$275.84	9.0%
25 - 34	$354.41	$379.86	7.2%
35 - 44	$547.68	$566.15	3.4%
45 - 54	$800.34	$807.24	0.9%
55 - 64	$1,103.72	$1,106.45	0.2%
65 - 74	$1,534.99	$1,525.92	(0.6%)
75 - 84	$1,746.46	$1,739.05	(0.4%)
85 and over	$1,668.23	$1,678.19	0.6%
Total	**$790.45**	**$797.75**	**0.9%**

1 Includes Drug Acquisition Cost, mark-up and dispensing fees paid to pharmacies.

Table 4 was prepared to highlight three factors that might contribute to the increased growth: number of prescriptions per beneficiary; average prescription cost; and cost of prescriptions per beneficiary.

The total cost of prescriptions per discrete beneficiary has grown an average of 0.9% between 2009-10 and 2010-11 for all beneficiaries. The range of increases, based on age, was (0.6%) to 9.0%.

The cost of prescriptions per beneficiary increased for all age groups except the 65-74 and the 75-84 age groups, where it decreased slightly – (0.6%) and (0.4%) respectively. The average prescription cost decreased slightly (0.6%), and the average number of prescriptions per beneficiary showed a slight increase (1.7%).

2010-11 Utilization by Families

The total average prescription cost for families in 2010-11 was $1,188.83. The average family share on total prescription costs is $515.25 (43.3%) and the Drug Plan's share is $673.58 (56.7%).

Table 5 Prescription Cost to Families

April 2010 - March 2011

Total Cost to Family Unit	# of Family Units	# of Prescriptions [1]	Drug Material Cost [2]	Total Approved Prescription Cost [3]	Net Family / Insurance Payments [4]	Total Drug Plan Payment [5]
$ Nil	14,460	508,200	$21,888,653	$26,280,067	$0	$26,280,067
$ 00.01 - 100.00	120,850	584,732	$18,242,638	$23,496,714	$5,149,568	$18,347,146
$ 100.01 - 200.00	54,496	536,097	$17,249,707	$22,060,553	$8,018,670	$14,041,883
$ 200.01 - 300.00	42,310	566,965	$19,053,706	$24,101,086	$10,496,483	$13,604,603
$ 300.01 - 400.00	32,991	626,462	$21,040,621	$26,600,004	$11,483,928	$15,116,076
$ 400.01 - 500.00	26,679	707,371	$23,659,860	$29,936,856	$11,967,796	$17,969,060
$ 500.01 - 600.00	22,945	793,671	$26,799,548	$33,834,016	$12,589,823	$21,244,193
$ 600.01 - 700.00	19,209	764,232	$26,042,916	$32,807,608	$12,452,694	$20,354,914
$ 700.01 - 800.00	15,520	675,352	$23,226,317	$29,204,539	$11,616,294	$17,588,245
$ 800.01 - 900.00	12,846	615,822	$21,491,421	$26,935,914	$10,903,479	$16,032,435
$ 900.01 - 1000.00	10,976	565,769	$19,516,022	$24,498,912	$10,409,704	$14,089,208
$ 1000.01 - 1250.00	20,581	1,148,172	$41,127,315	$51,235,513	$22,981,306	$28,254,207
$ 1250.01 - 1500.00	13,940	832,425	$31,544,846	$38,840,068	$19,059,606	$19,780,461
$ 1500.01 - 1750.00	9,542	580,701	$23,242,126	$28,326,605	$15,429,915	$12,896,690
$ 1750.01 - 2000.00	6,563	418,316	$17,170,160	$20,827,243	$12,255,832	$8,571,412
$ 2000.01 - 2250.00	4,786	309,742	$13,448,938	$16,146,947	$10,143,383	$6,003,564
$ 2250.01 - 2500.00	3,439	233,413	$10,675,856	$12,706,911	$8,150,363	$4,556,548
$ 2500.01 - 3000.00	4,547	326,995	$16,302,829	$19,145,633	$12,388,181	$6,757,451
$ 3000.01 - 3500.00	2,330	185,841	$10,355,933	$11,968,881	$7,513,548	$4,455,333
$ 3500.01 - 4000.00	1,310	110,722	$7,188,140	$8,150,170	$4,870,889	$3,279,281
$ 4000.01 - 4500.00	590	60,372	$4,678,107	$5,202,280	$2,916,945	$2,285,336
$ 4500.01 - 5000.00	389	35,344	$2,949,251	$3,255,420	$1,837,657	$1,417,763
$ 5000.01+	742	65,053	$9,471,542	$10,035,562	$5,275,457	$4,760,105
$ Less than Zero	154	4,841	$171,083	$214,877	($19,398)	$234,274
Total	**442,295**	**11,256,610**	**$426,537,532**	**$525,812,379**	**$227,892,125**	**$297,920,254**

1 # of Prescriptions refers to Formulary and Exception Drug Status drugs. This total includes Special Fees, Diagnostic Agents and Diabetic Supplies.

2 Drug Material Cost includes Total Acquisition Cost + Mark-up and Compound Fee, if applicable, less Discount, if applicable.

3 Total Approved Prescription Cost is the total approved amount of the Drug Material Cost, as well as the approved pharmacy dispensing fee.

4 Net Family / Insurance Payments is the total cost paid by families and/or their insurance plans towards the total approved cost of the prescriptions. In some cases, the value of this field is negative due to adjustments and reversals of payments made in the previous time period.

5 Total Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less portion paid by families and their insurance plans.

Objective 3 - Reduce the cost of drug materials

Better Value

To help ensure the viability of the Drug Plan, and to be better able to provide coverage for new drugs through the Saskatchewan Formulary, the Drug Plan has the following "better value" strategies in place:

- **Low Cost Alternative Policy**

  Interchangeable products are different brands of the same drug with the same strength and dosage form that are equivalent in therapeutic effectiveness and quality. In the case where more than one interchangeable product is available, the Drug Plan reimbursement is calculated on the price of the lowest cost interchangeable generic drug.

- **Product Listing Agreements (PLA)**

  The Drug Plan enters into product listing agreements with drug manufacturers. These types of agreements result in better value for public funds spent on drugs and assist in managing the financial risk associated with drugs listed on the Saskatchewan Formulary. The ensuing cost savings help to offset Drug Plan expenditures and/or are available to provide additional benefits.

- **Standing Offer Contracts (SOC)**

  The Ministry tenders high volume drugs in certain interchangeable groups to obtain the lowest possible price. An accepted tender, called a standing offer contract, requires the manufacturer to guarantee delivery of the specific drug to Saskatchewan pharmacies through approved distributors at the contracted price. In return, the manufacturer's product is used almost exclusively.

- **Maximum Allowable Cost Policy (MAC)**

  Promotes the use of lower cost drugs by limiting the maximum price the Drug Plan pays to the price of the most cost-effective drug within a group of similar drugs that treat the same condition.

Objective 4 - Encourage the rational and appropriate use of prescription drugs

Better Use / Better Care

Drugs are one of the fastest growing categories of health care spending, yet evidence shows that pharmaceuticals are not always prescribed or used effectively or appropriately.

- **The Drug Advisory Committee of Saskatchewan (DACS)**

  The Drug Plan has established the Drug Advisory Committee of Saskatchewan and relies on the expertise of the DACS to provide independent, specialized advice on drug-related matters. The committee makes recommendations concerning which drug products should be considered for public funding based on rigorous, evidence-based reviews of the products.

- **The Common Drug Review and the pan-Canadian Oncology Drug Review**

  The Canadian Agency for Drugs and Technologies in Health's (CADTH's) Common Drug Review (CDR) and the national pan-Canadian Oncology Drug Review (pCODR) processes provide the Drug Plan with objective, rigorous clinical and cost-effective reviews of new drugs.

- **Exception Drug Status (EDS)**

  Exception Drug Status drugs are products that are listed in the Saskatchewan Formulary with specific criteria or conditions for use. Generally, drug products are recommended for EDS status when there are specific circumstances where use is particularly beneficial; where the drug has potential for the development of widespread inappropriate use; where the drug is more expensive than listed alternatives and offers an advantage in only a limited number of indications; etc. EDS listing can encourage more appropriate prescribing.

- **Partnerships with the University of Saskatchewan's College of Pharmacy and Nutrition**

  - The Drug Plan is a partner in the University of Saskatchewan's Joint Initiative on Adherence, which encourages appropriate use of medications in the province through educational and research initiatives.
  - The Drug Plan has funded the Saskatchewan Drug Utilization and Outcomes Research Team (SDUORT). The SDUORT initiative will enable the provision of focused research in a timely manner to inform Drug Plan policies and to aid in evidenced based decision-making.
  - The Drug Plan has partnered with Merck Canada Inc. and the University of Saskatchewan on a project to improve compliance with the cardiovascular medications (entitled Community Pharmacists Assisting in Total Cardiovascular Health or CPATCH).

- **Prescription Review Program**

  The Drug Plan provides funding for the Prescription Review Program, which is a program operated by the College of Physicians and Surgeons on behalf of program partners to reduce the risk of abuse and diversion of certain drugs (primarily narcotics and sleeping pills). In recent years, Saskatchewan Health has assisted in increasing the analytic and educational capacity of the program to help encourage appropriate use of drugs monitored by the program.

- **RxFiles Academic Detailing Program**

  The Drug Plan provides an annual grant to the Saskatoon Regional Health Authority to operate the provincial RxFiles Program. Academic detailing is a form of education outreach, which consists of focused one-on-one interactions between a drug professional, and physicians and other health professionals in the community. Academic detailing programs are based on scientific and objective analysis and are aimed at achieving optimum levels of efficacy, safety and economy in drug therapy.

- **RxFiles Long Term Care Project**

  The Drug Plan has recently provided some additional funding to RxFiles to focus on optimizing drug use in residents of long term care facilities. The project will engage a variety of health professional providers in pursuing an integrated approach toward the implementation of "best practice" approaches to drug therapy in this population group.

- **Community Pharmacy Engagement**

  The Drug Plan provides funding to community pharmacies to improve appropriate use of medications (e.g. the pharmacy contract includes provisions to reimburse pharmacists for reviewing a patient's medication list upon discharge from hospital, providing trial prescriptions, and reviewing medication profiles of home care clients).

Better Teams

- **Pharmaceutical Information Program (PIP)**

  The Ministry established the Pharmaceutical Information Program, which helps to enhance patient safety and prevent dangerous or inappropriate use of drugs by helping providers select the best medication, avoid drug interactions and avoid duplications of therapy. It also facilitates the team approach to patient care by sharing information across the continuum of care.

- **Pharmacist Prescribing**

  Expanded prescribing authority for Saskatchewan pharmacists came into effect on March 4, 2011. Enhanced prescriptive authority for pharmacists recognizes the ability of pharmacists to improve health care delivery in the province, working in collaboration with physicians and other health care professionals. It also provides an increased emphasis on the importance of pharmacists to interdisciplinary collaboration and team-based care.

  Saskatchewan is one of the first provinces to pay an assessment fee to pharmacists to assess their patients' needs under prescriptive authority. The services are available at no cost to any resident of the province with valid health coverage.

Supplementary Health and Family Health Benefits

Highlights for 2010-11

- The average number of people registered on programs in 2010-11 with eligibility for Supplementary Health benefits was **45,317.**
- The average number of people eligible for Family Health Benefits was **53,404**. This includes both children who are eligible for all benefits and adults who are eligible for limited benefits.
- The average number of seniors eligible for the Seniors' Income Plan was **14,440**.

On April 1, 2010, universal chiropractic coverage was de-insured, and the number of treatments covered for Supplementary Health, Family Health Benefits and Seniors' Income Plan recipients was capped at 12 per year.

Program Objective and Supporting Information

To provide for payment of accounts for non-insured health services to people nominated for coverage by the Ministries of Social Services, Corrections, Public Safety and Policing and Advanced Education, Employment and Immigration.

Table 6 Supplementary Health Program and Family Health Benefits Payments

April 2010 - March 2011

Services	Saskatchewan Assistance Plan	Government Wards	Provincial Correctional Institutions	Seniors' Income Plan Recipients in Special Care Homes	Family Health Benefits	Other Beneficiary Categories [1]	Totals
Over-the-Counter Drugs (Plan Three)	$1,495,620	$251,507	$227,882	$382,263	$137	$17,789	**$2,375,198**
Medical Supplies and Appliances	$814,626	$59,823	$3,283	$29,845	$108,821	$21,744	**$1,038,142**
Northern Medical Transportation (Air)	$621,798	$0	$0	$0	$17,694	$6,759	**$646,250**
Northern Medical Transportation (Ground)	$2,422,406	$28,148	$1,260	$0	$75,201	$29,621	**$2,556,635**
Medical Services	$343,287	$5,297	$386	$0	$1,294	$4,807	**$355,071**
Dental Services	$5,733,187	$665,996	$443,145	$18,282	$3,015,220	$55,054	**$9,930,885**
Optical Services	$1,151,475	$107,234	$73,667	$6,187	$516,567	$275,561	**$2,130,691**
Ambulance Services	$2,106,589	$92,871	$37,422	$29,379	$149,269	$28,887	**$2,444,416**
Chiropractic Services	$402,427	$10,707	$566	$1,643	$808,426	$281,105	**$1,504,874**
Total: Supplementary Health and Family Health Benefits	**$15,091,414**	**$1,221,583**	**$787,609**	**$467,599**	**$4,692,628**	**$721,327**	**$22,982,161**

1 Other Beneficiary Categories include: Assisted Adoption, Job Training and Seniors' Income Plan

Supplementary Health and Family Health Benefits

1. **Over-the-Counter Drugs (Plan Three)**

   Supplementary Health provides certain physician prescribed over-the-counter drugs without charge for Plan Three residents residing in nursing and approved community homes, government wards and provincial correctional centre inmates. Formulary and over-the-counter drug benefits for the different levels of Social Assistance Plan coverage are outlined on page 7.

   Coverage may also be provided in some circumstances for Plan One and PlanTwo beneficiaries where drug requirements are not met by Formulary drugs or products approved under Exception Drug Status.

2. **Medical Supplies and Appliances**

   All Supplementary Health beneficiaries and children with Family Health Benefits coverage are covered for a wide range of medical supplies, appliances and devices when prescribed by a physician.

3. **Northern Medical Transportation Program**

   Benefits of the Northern Medical Transportation Program include:

   - emergency medical evacuation (air) from locations in the north for all Saskatchewan residents; and
   - non-emergency medical transportation for Supplementary Health beneficiaries and children with Family Health Benefits coverage residing in northern Saskatchewan to access medical appointments outside their community.

4. **Medical Services**

   Supplementary Health and Family Health Benefits pays the cost of non-insured third party reports requested by the Ministry of Social Services. These reports are used to determine the level of required nursing care, rehabilitation potential and employability.

5. **Dental Services**

   Coverage includes basic preventive, restorative, exodontic, and prosthetic dental services for all Supplementary Health beneficiaries and children with Family Health Benefits coverage.

6. **Optometric Services**

   Eyeglasses are covered for all Supplementary Health beneficiaries and children with Family Health Benefits coverage, whether provided by an optometrist or ophthalmic dispensary. There is an upper limit on the amount paid for eyeglass frames.

   The cost of eye examinations is covered for Supplementary Health beneficiaries 18 years of age and over, Seniors' Income Plan recipients and adults with Family Health Benefits coverage. Eye examinations for children are covered on a universal basis by the Medical Services Branch.

7. Ambulance Services

Emergency medical transportation by road ambulance is a benefit for all Supplementary Health beneficiaries and children with Family Health Benefits coverage.

8. Chiropractic Services

A maximum of 12 chiropractic services per year are covered for Supplementary Health, Family Health Benefits and Seniors' Income Plan beneficiaries.

Table 7 Historical Costs of Supplementary Health Program and Family Health Benefits Payments

April 2010 - March 2011

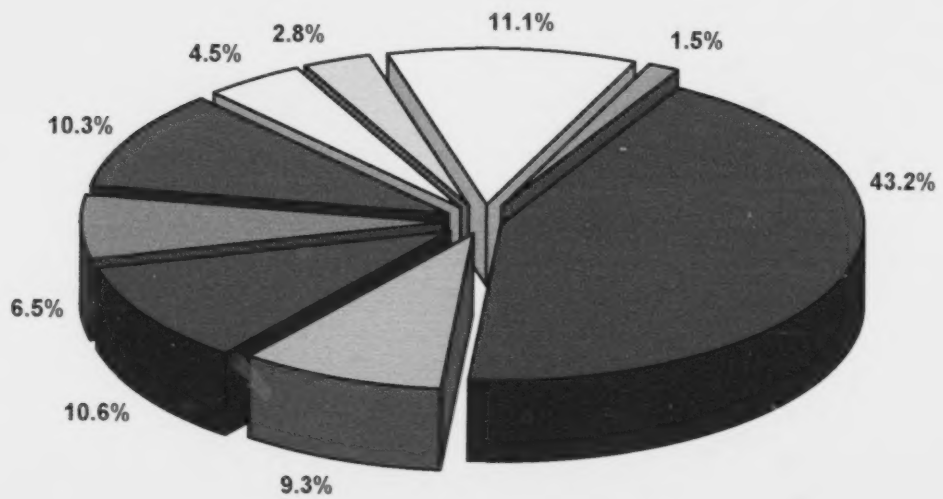
Services	2007-08	2008-09	2009-10	2010-11
Over-the-Counter Drugs (Plan Three)	$2,740,574	$2,859,432	$2,782,317	$2,375,198
Medical Supplies and Appliances	$883,456	$922,535	$960,815	$1,038,142
Northern Medical Transportation (Air)	$425,463	$279,911	$327,163	$646,250
Northern Medical Transportation (Ground)	$2,002,411	$2,025,701	$2,439,291	$2,556,635
Medical Services	$350,353	$320,609	$341,836	$355,071
Dental Services	$7,022,277	$6,805,758	$9,612,538	$9,930,885
Optical Services	$1,821,004	$1,962,336	$2,115,286	$2,130,691
Ambulance Services	$2,172,417	$2,268,758	$2,261,222	$2,444,416
Chiropractic Services	$1,724,518	$1,531,416	$1,557,744	$1,504,874
Total: Supplementary Health and Family Health Benefits	**$19,142,473**	**$18,976,456**	**$22,398,212**	**$22,982,161**

Note: Includes Seniors' Income Plan Payments

Supplementary Health and Family Health Benefits

Chart 1 Supplementary Health Program and Family Health Benefits Payments

April 2010 - March 2011



Saskatchewan Aids to Independent Living (SAIL)

Highlights for 2010-11

The Special Needs Equipment Program underwent a lean review that included examination of all aspects of the equipment loan program including inventory management, warehouse organization, streamlining of internal processes and implementation of service delivery targets, tracking and accountability measures. As a result of the lean project, many improvements were made including a reduction in client wait times.

A provincial review of the Prosthetics and Orthotics Program benefits list resulted in an updated fee schedule that ensures consistent delivery of services across the province.

Program Objective and Supporting Information

SAIL was established to provide benefits that assist people with physical disabilities achieve a more active and independent lifestyle and to assist people in the management of certain chronic health conditions. The program provides a basic level of coverage for disability related equipment, devices, products and supplies in order to achieve the best possible care, experience and health for beneficiaries.

Program Descriptions

Table 8 Caseloads and SAIL Payments

April 2010- March 2011

	2009-10		2010-11	
	Caseload	Expenditures	Caseload	Expenditures
Universal Programs				
Orthopaedic Services	6,850	$4,451,969	7,249	$4,547,130
Special Needs Equipment	n.a.	$5,370,220	n.a.	$5,142,638
Home Oxygen	4,201	$10,260,029	4,359	$10,980,763
Respiratory Equipment	n.a.	$1,335,361	n.a.	$1,313,910
Therapeutic Nutritional Products	129	$177,919	141	$236,036
Children's Enteral Feeding Pump	n.a.	$245,759	172	$296,895
Special Benefit Programs				
Paraplegia Program	1,801	$5,275,939	1,812	$5,236,346
Cystic Fibrosis	127	$253,734	130	$224,439
Chronic End-Stage Renal Disease	1,135	$3,918,071	1,112	$3,632,586
Ostomy Program	2,207	$1,265,647	2,226	$1,349,005
Haemophilia	16	$30,955	15	$27,010
Aids to the Blind	n.a.	$413,415	n.a.	$418,352
Saskatchewan Children's Insulin Pump *	75	$214,200	90	$119,700
Total		**$33,213,216**		**$33,524,811**

Note: n.a. is not available

*Includes cost of pumps only. Supply costs are included in the Drug Plan.

Saskatchewan Aids to Independent Living (SAIL)

Universal Benefit Programs

Orthopaedic Services (Prosthetics and Orthotics Program and Compression Garment Program)

Prosthetic Appliances – Artificial limbs and accessories are supplied, fitted, adjusted and repaired.

Orthotic Appliances – Higher-cost back braces and upper and lower extremity orthoses, braces and splints are supplied, fitted, adjusted, and repaired. High-cost knee braces are cost shared with clients.

The above services are supplied by the Orthotics and Prosthetics Departments of the Wascana Rehabilitation Centre in Regina and the Saskatchewan Abilities Council in Saskatoon. Private service providers may bill for the cost of materials only, with prior approval.

Specialized and Adaptive Seating – Adaptations to wheelchairs to ensure safety and proper fit are supplied and adjusted.

Compression/Burn Garments – Moderate to high pressure compression garments for the management of serious conditions are provided.

Adaptive and Rehabilitation Equipment – Limited equipment for in-home rehabilitation and therapy for children is available.

Special Needs Equipment Program

Mobility and environmental aids are loaned, maintained and repaired. Equipment available for loan includes wheelchairs, walkers, specialized crutches, hospital beds and accessories, transfer assists, bathtub lifts and commodes.

The Special Needs Equipment Program is operated by the Saskatchewan Abilities Council under contract with SAIL. Equipment depots are located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.

Home Oxygen Program

Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet medical criteria or who meet the criteria for end stage palliative care. The oxygen systems are supplied by private medical oxygen supply firms under contract with SAIL.

Respiratory Equipment Program

Home respiratory equipment such as ventilators, continuous positive airway pressure (CPAP) and bi-level flow generators, portable and stationary suctioning equipment, and tracheostomy humidification compressors are loaned, maintained and repaired. SAIL provides financial assistance towards the purchase of aerosol therapy compressors (nebulizers) for eligible beneficiaries, who are responsible for maintenance and repairs. The program also covers the cost of spirometers for discharge from hospital after a lung transplant.

Therapeutic Nutritional Products Program

The program provides assistance towards the cost of specialized nutritional products for people with complex medical conditions who rely on those products as their primary nutritional source. The program assists with the incremental cost associated with using these products in place of a regular diet. Program benefits are cost shared between clients and Saskatchewan Health, with the client's portion varying based on a number of factors, including family income and drug costs.

Children's Enteral Feeding Pump Program

Feeding pumps are provided by SAIL on a loan basis to children who require nasogastric or gastrostomy pump feeding. Select consumable supplies associated with pump feeding are also a benefit.

Special Benefit Programs

In addition to universal SAIL program benefits, extended coverage is provided to beneficiaries with certain chronic health conditions.

Paraplegia Program

Benefits are available for individuals who have paralysis of all or most of the lower limbs and trunk due to a lesion or disease affecting the spinal cord. Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are a benefit. Bladder and bowel incontinence products, wound management and other medical supplies for chronic conditions are also provided. Specialized rehabilitation equipment is purchased for clients. Grants are provided for purchases related to home access and vehicle modifications.

Cystic Fibrosis Program

Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are benefits of the program. In addition, certain nutritional supplements are covered for individuals with cystic fibrosis.

Chronic End-Stage Renal Disease Program

Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are a benefit for persons with end-stage renal disease requiring dialysis and kidney transplant recipients.

Ostomy Program

SAIL provides fifty percent reimbursement of the cost of certain ostomy supplies, such as appliances, adhesives and adhesive removers, for individuals with a urinary or bowel diversion.

Haemophilia Program

SAIL covers the cost of medical supplies associated with home infusion for the treatment of haemophilia.

Aids to the Blind Program

The program provides or subsidizes the cost of select low vision aids, assistive devices and vision rehabilitation services to individuals living with vision loss. Aids and devices include braillers, white canes, talking calculators and watches, magnifiers and low vision eyewear. Equipment and low vision services are provided by the Canadian National Institute for the Blind (CNIB) under contract with SAIL.

Saskatchewan Children's Insulin Pump Program

The program covers the cost of an insulin pump for children 17 years of age or younger that have Type 1 diabetes and meet medical criteria. Financial assistance is also available for insulin pump supplies for qualifying individuals. Pump supplies are processed as benefits through the Drug Plan system and are subject to family deductibles and/or co-payments.

Table 9 Units of Equipment Issued

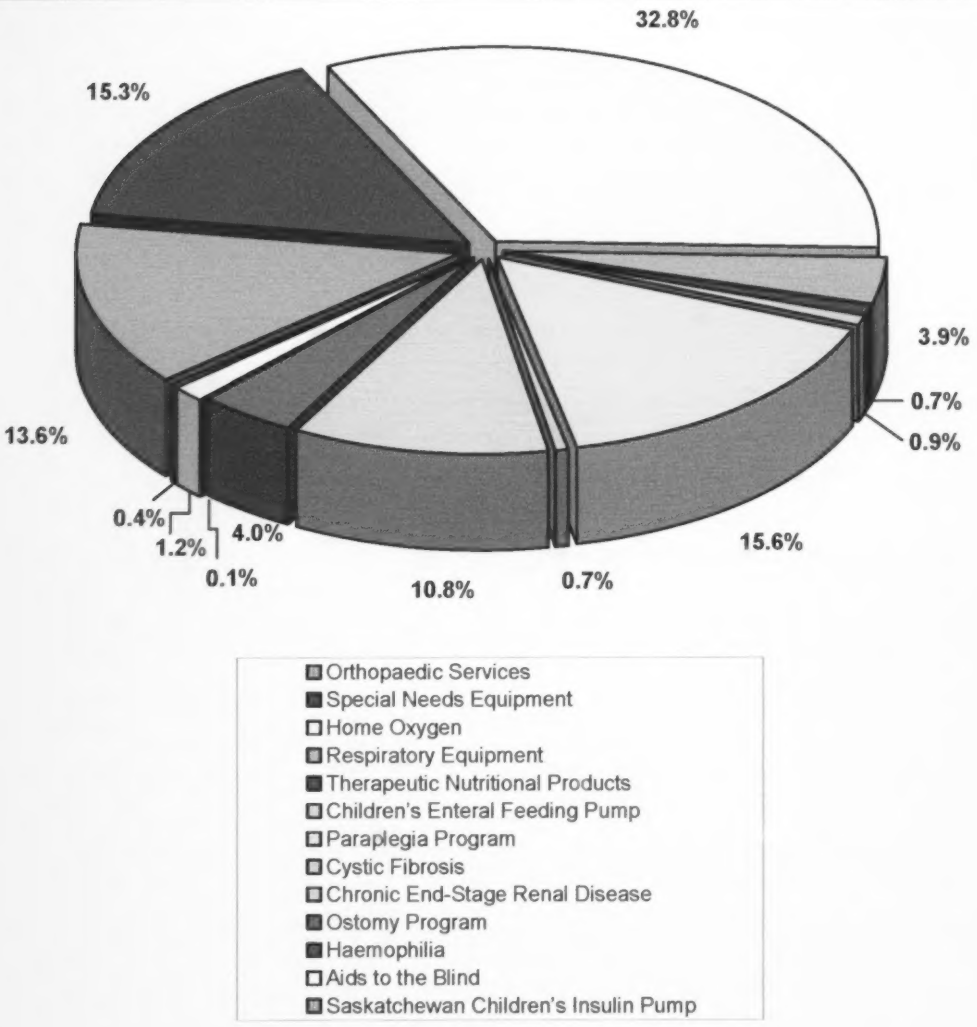
April 2010 - March 2011

Program	2009-10	2010-11
Special Needs Equipment	27,461	28,556
Respiratory Equipment	1,693	1,756
Aids to the Blind	n.a.	1,617

Note: n.a. is not available

Chart 2 SAIL Payments

April 2010 - March 2011



Appendix 1 Drug Plan History

Since its inception, over 37 years ago, the Saskatchewan Drug Plan has provided a high quality of service to the people of Saskatchewan in the delivery of a prescription drug coverage program.

1974	**May 10** - Enabling legislation for the Drug Plan, The Prescription Drugs Act, was assented to on May 10.
1975	**September 1** - The Drug Plan began providing benefits. A review process was established to recommend which drugs should be covered under the Drug Plan. The actual acquisition cost plus a dispensing fee comprised the total cost of a Formulary drug.
1987	**July 1** - A mark-up on the cost of a drug was added. Mark-up was calculated on the acquisition cost before the dispensing fee was added.
	July 1 - The Drug Plan was changed from a fixed co-payment coverage program to a basic deductible* and percentage co-payment program. Those residents entitled to special health benefits were exempted.
	July 1 - Palliative Care coverage was introduced.
1989	**January 1** - Point of Sale terminals were installed for each pharmacy to submit claims information electronically for adjudication online in real time.
	January 1 - Eligible drugs purchased anywhere in Canada by all eligible Saskatchewan residents became a benefit.
1991	**March 8** - Beneficiaries in Special Care Homes, who previously paid a maximum $3.95 for each prescription, became part of the deductible plan.
	July 1 - The coverage policy for drugs in an interchangeable group was changed. The actual acquisition cost of every product in the interchangeable group was now covered only up to lowest listed price in the group.
1997	**October** - A Managed Care Fee was implemented for community-based pharmacies that provide monitoring, supervision and other required activities to administer the Methadone Program.
	December - Task Force on High Cost Drugs was appointed to determine appropriate improvements to the way government evaluates new pharmaceuticals.
1999	**August** - A Trial Prescription Program was implemented.
2000	The Prescription Drug Plan, in partnership with the Saskatoon Health District, implemented the RxFiles Academic Detailing Program as an educational program aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients. This program was an extension of the Community Drug Utilization Program, established in 1997 as a pilot project in the district.
2002	**July** - The Income-based Program was implemented, replacing the semi-annual deductible.
2004	**July 1** - The Maximum Allowable Cost policy was implemented with one group of drugs, the Proton Pump Inhibitors, using the price of the most cost effective drugs as a guide to set the maximum price the Drug Plan would cover for other similar drugs used to treat the same condition.
	September 15 - Following a legislative change, the Drug Plan began collecting information on all prescriptions dispensed from community pharmacies, including those that were not benefits of the Drug Plan.

2005	**October 24** -The Pharmaceutical Information Program (PIP) Medication Profile Viewer (MPV) phase began with a pre-production rollout to selected sites to validate production processes.
2006	**March** - Full production rollout of the PIP Medication Profile Viewer to pharmacies, emergency rooms, physician clinics, long-term care and home facilities as they were equipped and trained. The MPV provides authorized health care professionals with confidential shared access to patient medication histories to help improve drug therapy for Saskatchewan residents.
	July 1 - The Drug Plan computer system was changed to allow for indefinite Exception Drug Status (EDS) coverage on a large number of EDS medications that are used to treat chronic conditions that previously could only be approved for three years at a time. Once a patient meets criteria for one of the chronic medications, EDS coverage for these patients will only expire when they cease to be a Saskatchewan Health beneficiary.
	October 3 - The Executive Director of the Drug Plan and Extended Benefits Branch was given a Delegation of Authority for Interchangeable Generic Drug Coverage, provided the rationale for inclusion be in accordance with the policy for inclusion of products in the Formulary. However, a small number of interchangeable generic drug submissions that require more consideration will be reviewed by the Drug Review Committee.
2007	**July** - The second phase of PIP e-prescribing began and became available for physicians and registered nurses/nurse practitioners to prescribe electronically.
2009	**December 21** - The appointments to the newly created Drug Advisory Committee of Saskatchewan (DACS) were approved, which marked a significant change in the Saskatchewan drug review process.
2010	**January 15** - Pharmacists were able to bill two new benefit services, the Medication Assessment and the Compliance Packaging, to the Drug Plan and Extended Benefits Branch for eligible community-based clients who require medication management through Home Care services.
	March - Approximately 99% of pharmacies have access to PIP
	March - PIP Implementation is in its final phase, which is to integrate PIP with health provider computer systems.
	March 31 - Project Development of PIP was completed. The program is now managed by the Drug Plan and Extended Benefits Branch of the Ministry of Health.
	Fall - The initial pilot phase of PIP integration using a national electronic messaging standard (CeRx) was launched in 14 pharmacies across the province.
	October 1 - Eligible clients for the Medication Assessment and Compliance Packaging fees was expanded to include individuals identified by regional outpatient mental health programs.
2011	**March 4** - Pharmacists were able to bill Patient Assessment Fees for services provided under the expanded prescriptive authority for pharmacists. This expanded authority will provide Saskatchewan residents with easier access to their medications when they need them and will benefit residents through more efficient and accessible health care services.

* Refers to **History of Deductibles**

Appendix 2 History of Deductibles

July 1, 1987	Annual deductible of $125 (regular family), then a co-payment of 20%.
	Annual deductible of $75 (senior family), then a co-payment of 20%.
	Annual deductible of $50 (single senior), then a co-payment of 20%.
March 8, 1991	Annual deductibles as above (1987), then a co-payment of 25%.
	Residents of Special Care Homes became part of the deductible program.
May 19, 1992	Semi-annual deductible of $190 (regular family), then a co-payment of 35% to a $375 maximum, then 10% co-payment.
	Single senior and senior family deductibles at 1987 level but became semi-annual, with a co-payment of 35% to a $375 maximum, then 10% co-payment.
March 19, 1993	Families became eligible for the Special Support program, where families and the Drug Plan shared the cost of prescriptions, if the cost for covered drugs exceeded 3.4% of the family income. The family co-payment for each covered prescription was set based on the relation between family income and eligible drug cost.
	Family Income Plan recipients, Saskatchewan Income Plan recipients, and Guaranteed Income Supplement recipients in special care homes, had a semi-annual deductible of $100, then a co-payment of 35%.
	All other Guaranteed Income Supplement recipients had a semi-annual deductible of $200, then a co-payment of 35%.
	All other family units subject to a deductible and not approved for Special Support had a semi-annual deductible of $850, then a co-payment of 35%.
December 1, 1997	The $50,000 family income cap for the Special Support Program was removed.
August 1, 1998	The Family Health Benefits Program was introduced to replace the Family Income Plan. The program provided adults with a semi-annual deductible of $100, then a co-payment of 35%, and no charge for children.
July 1, 2002	The income-based program replaced the semi-annual deductible of $850 that began in 1993.
July 1, 2007	Saskatchewan residents 65 years and older automatically became covered under the Seniors' Drug Plan that capped prescriptions at $15 for drugs listed under the Saskatchewan Formulary.
July 1, 2008	The amended Seniors' Drug Plan took effect. It provides a $15 cap per prescription to those seniors eligible for the federal age credit.
	The Children's Drug Plan took effect, providing a $15 cap per prescription for children 14 and under.

Appendix 3 Pharmacy Claims Processing

Information relating to the process for submission of pharmacy claims, pharmacy reimbursements and prescription quantities can be found on the Formulary website http://formulary.drugplan.health.gov.sk.ca or the Saskatchewan Health website http://www.health.gov.sk.ca.

The following table provides a history of maximum dispensing fees and mark-up fees according to agreement between Saskatchewan Health and the pharmacy proprietors:

Dates	Dispensing Fee	Mark-Up
September 1, 2003 to November 30, 2005	$7.97	30% for drug cost up to $6.30; 15% for drug cost between $6.31 and $15.80; 10% for drug cost of $15.81 to $200.00, and a maximum mark-up of $20.00 for drug cost over $200.00.
December 1, 2005 to September 30, 2006	$8.21	
October 1, 2006 to September 30, 2007	$8.46	
October 1, 2007 to July 31, 2009	$8.63	
August 1, 2009 to July 31, 2010	$9.15	
August 1, 2010 to April 30, 2011	$9.43	

Note: The tiered mark-up and dispensing fee do not apply for diabetic supplies.

Appendix 4 Supplementary Health and Family Health Benefits Program History

1966	**April 1** - The Saskatchewan Assistance Plan was instituted. Several categories of beneficiaries under the Medical Services Division were combined into one program with the basis of need becoming the criteria to determine eligibility.
1968	**September 1** - Coverage for refractions was moved to the Saskatchewan Medical Care Insurance.
1975	**September 1** - Payment responsibility of formulary drugs and of prosthetic and orthotic appliances for Social Assistance beneficiaries was taken over by the Saskatchewan Prescription Drug Plan and by the Saskatchewan Aids to Independent Living respectively.
1981	**July 1** - Program eligibility was expanded to include benefits for non-recipients of Social Assistance receiving level 2, 3, and 4 special care home or long-term hospital care where incomes are at or below the Saskatchewan Income Plan level.
1984	**May 1** - Responsibility for emergency medical transportation costs by road ambulance and Saskatchewan Government air ambulance for Supplementary Health beneficiaries was transferred from the Department of Social Services.
1992	**June 1** - Eye examinations were added to coverage for Supplementary Health beneficiaries over the age of 17, and for adults receiving the Family Income Plan and the Saskatchewan Income Plan supplements.
	September 8 - Services of chiropractors became fully covered for Supplementary Health, Family Income Plan and Saskatchewan Income Plan beneficiaries.
1993	**June 30** - Supplementary Health began providing dental coverage for children in families that received the Family Income Plan supplement.
1997	**May 1** - The Ministry began providing all Supplementary Health Benefits for children in Family Income Plan families.
1998	**August 1** - The Ministry began providing Family Health Benefits for families who received the Saskatchewan Child Benefit and/or the Saskatchewan Employment Supplement. Family Income Plan recipients became part of Family Health Benefits.
2010	**April 1** - The number of chiropractic treatments covered for Supplementary Health, Family Health Benefits and Seniors' Income Plan recipients was capped at 12 per year.

Appendix 5 Saskatchewan Aids to Independent Living (SAIL) Program History

1975	**April 1** - SAIL began providing benefits to eligible residents for prosthetic/orthotic devices.
	August 1 - SAIL benefits expanded to provide equipment loans and equipment repairs for all residents of the province.
1976	**April 1** - SAIL took over responsibility for: the Paraplegia Program, which covers the cost of incontinence products, medical supplies and select rehabilitation equipment recommended by the attending physician as well as providing grants for home and vehicle modifications; the Cystic Fibrosis Program, which provides drugs and nutritional supplements for certain beneficiaries; and the Chronic End Stage Renal Disease Program, which provides assistance with the cost of necessary medications for certain beneficiaries.
1979-80	The Ostomy and Home Haemophilia programs were added.
1984-85	Coverage expanded to include aids and services required by the blind residents in the province.
1987	**June** - the responsibility for the acquisition, distribution and repair of Special Needs Equipment (e.g. wheelchairs, patient lifts, etc.) was transferred to the Saskatchewan Abilities Council. SAIL continues to fund the full cost of the program.
	August – assumed responsibilities for the administration of the Home Oxygen Program from the Drug Plan.
	September - responsibility for the acquisition, distribution and repair of equipment required by the blind was transferred to the Canadian National Institute for the Blind (CNIB). SAIL continues to provide funding to CNIB for delivery of these services.
1996-97	Benefits under the Home Oxygen Program were granted according to certain medical criteria.
2003-04	The Therapeutic Nutritional Products Program was added to assist with the incremental cost associated with using nutritional products in place of a regular diet.
2007	**July** - The Saskatchewan Children's Insulin Pump Program was added to assist with the costs of insulin pumps and related supplies for children 17 years of age or younger who have Type 1 diabetes and meet specific medical criteria.